Art. XV.—A Case of Dermatitis Gangrenosa. a By J. Magee Finny, M.D., Dubl.; Past President, Royal College of Physicians, Ireland; King’s Professor of Practice of Medicine in the School of Physic, Ireland; Clinical Physician to Sir Patrick Dun’s Hospital.

Case.—James B., aged two and three-quarter years, was admitted to Sir Patrick Dun’s Hospital on May 4th, 1900, suffering from a number of punched-out circular sores on the face and hairy scalp, and a few similar though larger ulcers on the backs of the wrists and on the nates, and some small ones on the penis, scrotum, and pubes. The sores on admission were covered with a greenish yellow pus, and in one or two only was the pus raised above the edge of the ulcer. After the application of a creolin poultice, the floor of the sores was quite clean and of a deep red colour, with the edges sharply cut of a similar red colour, which was strictly limited to its immediate neighbourhood. No bullae were present at any time. The size of the sores varied from the size of a threepenny piece to half-a-crown, the greatest number being about the size of a shilling. Two on the back of the right hand—one over the wrist, and the other over the metacarpo-phalangeal joint of the index finger—were each about the size of a two-shilling piece, while a solitary ulcer over the right trochanter was still larger. Most of the ulcers were discrete, although a very

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narrow strip of healthy skin intervened, but on the forehead, above the right eye, on the right cheek, and on the left eyelid two adjoining ulcers coalesced, forming an irregular gyrate outline made of two circles meeting. The eyelids were enormously swollen and adherent from the discharge which exuded from between them, and could not be opened so as to examine the eyes; the circular or oval ulcer on the left upper eyelid produced the very strange appearance depicted in a photograph taken at the time. The lips and margin of the alae nasi were also sore and ulcerated, with considerable tumefaction. The ulcers did not seem to be very painful or very irritable, as, with the exception of those about the mouth, they were not scratched or rubbed by the little patient. The lower limbs were covered with an ill-defined rash, not unlike the staining of measles. The limbs were greatly emaciated, and the skin was rough and loose. The child, when admitted, was very weak and prostrate—not able to turn from side to side. He was greatly emaciated and had a cough; no physical signs of lung disease were, however, discoverable.

The treatment consisted in giving as much nourishment as could be taken, and of washing with creolin, applying boric acid poultices, dusting the sores with iodoform, and applying a weak chthyol and lanoline ointment to the eyes.

No improvement followed, for although no more spots appeared, and no pus was discharged, there was no evidence of healing, while the skin surrounding the sores on the wrist and hip became of a deeper and more purplish colour.

The child died on May 9th.

The post-mortem examination was made by Professor O'Sullivan, F.T.C.D., and revealed general tuberculosis. The thymus gland was caseating; a caseous nodule existed in the apex of the right lung, and similar patches through the left; the bronchial and mesenteric glands were caseous. The tonsils were ulcerated and the cervical glands enlarged and firm. The ulcers on the skin were, in most instances, clean cut, circular, with smooth floor and sinuous edges; the wall in a few cases sloped inwards.

Inquiries as to the family and previous history of this remarkable case revealed that the child's parents were healthy. There was no suspicion of syphilis. There was no illness in the house or among the other children of his family. The patient had been under Dr. Wallace Beatty's care at the out-patient department of the Adelaide Hospital from April 12th, 1900, until admission to my hospital. Dr. Beatty has most kindly supplied me with